RECEIVED CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JAN 1 4 2005

Appl. No.

10/619,535

Confirmation No.: 7506

Applicant

Tavis D. Schriefer

Entitled

Multiple Degrees of Freedom Connectors and Adapters

Filed

July 11, 2003

TC/A.U.

2833

Examiner

Edwin A. Leon.

Docket No.

175-0002US

Customer No.:

29855

Commissioner for Patents PO BOX 1450 Alexandria, VA 22313-1450

REPLY TO NON-FINAL OFFICE ACTION DATED 07/16/2004 AND AMENDMENT

In response to the Office Action of July 16, 2004, please amend the above-identified application as follows:

- I. Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.
- II. Remarks In Response to the Office Action begin on page 9 of this paper.



RECEIVED CENTRAL FAX CENTER

JAN 1 4 2005

20333 SH 249, Suite 600 Houston, Texas 77070 Direct: 832-446-2416 Fax: 832-446-2424 smcdermott@counselip.com

Wong, Cabello, Lutsch, Rutherford & Brucculeri, P.C.

FACSIMILE TRANSMISSION COVER SHEET

Date: Friday, January 14, 2005

To USPTO - Examiner: Edwin A. Leon

Art Unit: 2833

Fax: 703/872-9306

From: Sean Mcdermott

Customer No: 29855

Client/Matter #: 175-0002US

Serial No.: 10/619,535

Re: Please see the attached

Pages (including cover page): 24

Received in the United States Patent and Trademark Office

- 1. PTO/SB/21 Transmittal Form (1 page);
- 2. PTO/SB/17 Fee Transmittal (1 page);
- 3. Reply to Non-Final Office Action Dated 07/16/2004 & Amendment (17 pages);
- 4. PTO/SB/22 Petition for Extension of Time (1 page);
- 5. Supplemental Information Disclosure Statement (2 pages); and
- 6. PTO/SB/08A Information Disclosure Statement (1 page)

are submitted herewith.

If there is a problem with transmission, please call (832) 446-2400

CONFIDENTIALITY NOTICE

This communication is only for the person named above. Unless otherwise indicated, it contains information that is confidential, privileged or exempt from disclosure under applicable law. If you are not the person named above, or responsible for delivering it to that person, be aware that disclosure, copying, distribution or use of this communication is strictly prohibited. If you have received it in error, or are uncertain as to its proper handling, please immediately notify us by collect telephone and mail the

JAN 1 4 2005

RECEIVED

PTO/SB/21 (09-04)
Approved for use through 07/31/2005. OMB 0651-0031
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no.	eranos are required to respond to a coll Application Number	ection of information unless it displant a valid OMB control number.
		10/619,535
TRANSMITTAL	Filing Date	07/11/2003
FORM	First Named Inventor	Tavis D. Schrisfer
	Art Unit	2833
(to be used for all correspondence after Initial filing	Examiner Name	Edwin A. Leon
	Attorney Docket Number	175-0002US
Total Number of Pages in This Submission		
	NCLOSURES (Check all	
Fee Transmittal Form Fee Attached	Drawing(s) Licensing-related Papers	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences
Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatior Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks	ddress Status Letter Other Enclosure(s) (please Identify below):
	RE OF APPLICANT, ATTOI	RNEY, OR AGENT
Firm Name Wong, Cabello, Vitsch, Ruthe	nford & Brucculeri LLP Customer	No. 29855
Signature	Mail	
Printed name Sean McDermott		
Date January 14, 2005	F	Reg. No. 49,000
I hereby certify that this correspondence is being sufficient postage as first class mail in an envelope	TIFICATE OF TRANSMISSI facsimile transmitted to the USPTO pe addressed to: Commissioner for	ON/MAILING O or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on
the date shown below: Signature	-	
Typed or printed name	R.Gian	Date 1.14.2005

This collection of information is required by 37 CFR 1.5. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2) Approved for use through 07/31/2008. OMB 0651-0032

FEE TRANSMITTAL FOR FY 2005 FOR FY 2005 Filing Date First Named Inventor Frish Named Inventor Fright Named Inventor Tavis D. Schriefer Examiner Name Edwin A. Leon Art Unit 2893 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Charge fee(s) indicated below, except for the filing fee Free Char
FEE TRANSMITTAL For FY 2005 Filling Date 07/11/2003 First Named Inventor Tavis D. Schriefer Examiner Name Edwin A. Leon Art Unit 2833 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. except for the filling fee Turnit 2833 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Turnit 2833 Attorney Docket No. 175-0002US Check Credit Card Money Order None Other (please identify): Charge fee(s) indicated below indicated below, except for the filling fee Turnit 2833 Attorney Docket No. 175-0002US Check Information on None Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filling fee Turnit Name Information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)
For FY 2005 First Named Inventor Tavis D. Schriefer Examiner Name Edwin A. Leon Art Unit 2893 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES Small Entity Fee (\$) Fe
Applicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 1115.00 Art Unit 2833 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below. except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below. except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$)
Art Unit 2833 TOTAL AMOUNT OF PAYMENT (\$) 1115.00 Attorney Dockat No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below ARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (\$) Fe
TOTAL AMOUNT OF PAYMENT (\$) 1115.00 Attorney Docket No. 175-0002US METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Application Type Fee (\$) Fee
METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Fee (\$) Fee
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type Fee (\$)
Deposit Account Deposit Account Number: 501922 Deposit Account Name: Wong Cabello et al. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee (\$
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fe
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$)
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Application Type Fee (\$) Fee
FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)
100 (4)
Utility 300 150 500 250 200 100
D : 200 400 100 400 400 400
Design 200 100 100 50 130 65
Plant 200 100 300 150 160 80
Reissue 300 150 500 250 600 300
Provisional 200 100 0 0 0
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)
Each claim over 20 (including Reissues) 50 25
Each independent claim over 3 (including Reissues) 200 100
Multiple dependent claims 360 180
Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
51 20 or HP =13 x25 =325.00 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20.
Indep. Claims Extra Claims Fae (\$) Fee Pald (\$)
4 -3 or HP = 1 x 100 = 100,00
HP = highest number of independent claims paid for, if greater than 3.
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Three-Month Extension = \$510.00 and Supplemental IDS = \$180.00 690.00
PHIRMSTED BY
SUBMITTED BY Signature Pagistration No. 49,000 Telephone 832-446-2416

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.